



**MIAMI-DADE COUNTY
PUBLIC WORKS DEPARTMENT**

ADOPT-A-ROAD PROGRAM

Group Registration Form

Name of Organization/Group: _____

Adopt-A-Road Coordinator: _____

Address: _____

Phone: _____ Home Phone: _____

Fax No.: _____ E-Mail: _____

Proposed months and dates for litter removal activities:

1. _____
2. _____
3. _____
4. _____

Please contact Mr. James Martincak, Public Works Supervisor, R.A.A.M. Division at (305) 361-2833 at least two weeks in advance of proposed litter removal activity date for supplies and scheduling of post litter bag removal. Safety items must be returned within 2 weeks of final litter removal activity date. I further acknowledge that I have participated in Miami-Dade County litter activity safety training and will supervise the group volunteers to insure that the cleanup is conducted in a safe and responsible manner.

Signature: _____ Date: _____
(sign)

(print)



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Volunteer Names

1. _____	17. _____
2. _____	18. _____
3. _____	19. _____
4. _____	20. _____
5. _____	21. _____
6. _____	22. _____
7. _____	23. _____
8. _____	24. _____
9. _____	25. _____
10. _____	26. _____
11. _____	27. _____
12. _____	28. _____
13. _____	29. _____
14. _____	30. _____
15. _____	31. _____
16. _____	32. _____